

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

318

XC-1986362

SL 1122

Primary Registration District No.

1003

Registrar's No.

240

-62-004235

STATE FILE NUMBER

FILED JAN 11 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS, MO.

Length of stay in 1b

14 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

VET ADM HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY Sh. Charles

c. CITY

OR
TOWN

O'FALLON

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

401 WABASH

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FRANK

MOLITOR

4. DATE
OF
DEATH

Month

Day

Year

JANUARY 6, 1962

5. SEX

Male

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-14-90

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

O'FALLON, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

CASPER MOLITOR

13b. MOTHER'S MAIDEN NAME

MARY HOLFOSTER

14. NAME OF HUSBAND OR WIFE

--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

DOROTHY MELBURN, SEE # 2d

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONITIS RIGHT UPPER LOBE WITH MULTIPLE ABSCESES

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

STATUS POST REPTURED APPENDICITIS WITH PERTTENONITIS
AND MULTIPLE INTRAABDOMINAL ABSCESES

DUE TO (c)

STATUS POST RESECTION CARCINOMA OF THE BLADDER, NO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

EVIDENCE OF RECURRENCE

550.1 H

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from 12-23-61

to 1-6-62

and last saw him alive on 1-6-62

Death occurred at 6:00 p.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

SANFORD HOLSON

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

1-7-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan 9, 1962

23c. NAME OF CEMETERY OR CREMATORY

Assumption Cemetery

23d. LOCATION (City, town, or county)

O'Fallon

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Charles Callahan O'Fallon, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 7 1962

26. REGISTRAR'S SIGNATURE

Head Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles J. Callahan

Licensed Embalmer No. ~~010~~ 512

P. O. Address O'Fallon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.